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FORM Filing Date  July 25, 2003 Art Unit  Examiner Name  Enc Olson  After Allowance Communication to TC  Appeal Communication to TC  Appeal Communication to Doard of Appeals and Interferences  After Final  Provisional Application  Request for Refund  Republication  Republication (Republication)  Reply to Missing Parts  Incomplete Application  Reply to Missing Parts  Under 37 CFR 1.52 or 1.53  SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT  Film Name  Signature  Printed name  Return Postcard  Reg. No.  CERTIFICATE OF TRANSMISSION/MAILING  I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with self-discussed as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandris, VA 22313-1450 on the date shown below.	JAN 2 2 2007	u.s.	Patent and Trademark	Office: U	through 03/31/2007. OMB 0651-0031						
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Altorney Docket Number   290194-00001    ENCLOSURES   (Check all that apply)	to be used for all accessed and after initial filling		Eric Olson								
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Signature  Printed name  Peter Migaly  Date  CERTIFICATE OF TRANSMISSION/MAILING  I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:  Signature	Fee Attached  Amendment/Reply  After Final  Affidavits/declaration(s)  Extension of Time Request  Express Abandonment Request  Information Disclosure Statement  Certified Copy of Priority Document(s)  Reply to Missing Parts/ Incomplete Application Reply to Missing Parts	Licensing-related Papers  Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on Cl	Address	Appea of App Appea (Appea Proprie Status Other below)	I Communication to Board eals and Interferences I Communication to TC I Notice, Brief, Reply Brief) etary Information Letter Enclosure(s) (please Identify						
Printed name  Peter Migaly  Date  CERTIFICATE OF TRANSMISSION/MAILING  I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:  Signature		RE OF <u>APPLICANT</u> , ATTO	RNEY, OR AG	ENT							
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This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/17 (07-06) Approved for use through 01/31/2007, OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE nwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number Effective on 12/08/2004. Complete if Known ant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/627,358 **Application Number** TRANSMITTAI Filing Date July 25, 2003 For FY 2006 First Named Inventor Peter Migaly **Examiner Name** Eric Olson Applicant claims small entity status. See 37 CFR 1.27 Art Unit 1614 TOTAL AMOUNT OF PAYMENT 7615.00 Attorney Docket No. 290194-00001 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order Other (please identify): None | Deposit Account Deposit Account Number: Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES Small Entity Small Entity Small Entity Application Type** Fee (\$) Feé (\$) Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 150 500 250 100 Design 200 100 100 50 130 65 Plant 200 100 300 150 160 80 Reissue 300 150 500 600 250 300 Provisional 200 100 0 0 2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Fee (\$) Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 Total Claims 54 Extra Claims Fee Paid (\$) Fee (\$) Multiple Dependent Claims 291 \_\_\_ - **2**8 or HP = 237 x 25 \$5925 Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. 180 \$180 Extra Claims Fee (\$) Fee Paid (\$) - 3 or HP = 10\_ 100 \$1000 HP = highest number of independent claims paid for, if greater than 3. If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee Paid (\$) Fee (\$) - 100 = (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount)

SUBMITTED BY		, .				
Signature	VICE		Registration No. (Attorney/Agent)	Telephone	724	840-0464
Name (Print/Type)	Peter	Migaly		Date 1m	may	17,2007

Other (e.g., late filing surcharge): Petition for Extension of Time

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